President's Message

John S. Spangler MD

As we approach the House of Delegates meeting in April please help by communicating with the task force committee and reading the information available to you at the medical association.

Please mark your calendar for March 29 for the program planned by the HMA Alliance. This needs your support.

The legislative process continues with close monitoring by HMA and the need for your input into this most important function of the medical society. Many important bills are presented each year which may have a direct impact on your practice. Please help in anyway you can.

Hawaii Medical Journal

Extra copies of the *Hawaii Medical Journal* September Special issue on Domestic Violence and the December Special issue on Death and Dying are available. For more information please contact the Hawaii Medical Association at (808) 536-7702, or Fax us at (808) 528-2376.

Medical School Hotline

Modifications to the Problem-Based Learning (PBL) Curriculum Increase Opportunities for Learning Basic Sciences

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Recent trends in medical education across the country include a shift from traditional teacher-centered, lecture-based curricula to student-centered, problem-based curricula. In 1989, the John A. Burns School of Medicine switched to a problem-based learning (PBL) curriculum, and recently it was identified as one of eight medical schools leading reform of medical education in the United States. The PBL curriculum was adopted, in part, because the basic sciences, given traditionally by lecture format in the first two years, was considered excessive and fragmented. In the original PBL curriculum obtained from McMaster University, very few lectures were given. However, the curriculum has been modified each year, based on input from students and faculty. Recent modifications have increased opportunities for students to learn basic sciences in the first two years.

What is Problem-Based Learning? Problem-based learning is an approach in which students learn basic sciences in the context of solving clinical problems. Instead of meeting in large auditoriums to hear faculty give basic science lectures, students meet in small groups of five or six, each with a faculty tutor. Rather than lecture, faculty facilitate inquiry and critical-thinking. Students are urged to discuss uncertainties, think critically, ask questions, and research answers independently. Over the first two years, students investigate about 70 health care problems (HCPs) divided into five curricular units.

Unit 1	Problems in Health and Illness
Unit 2	Respiratory, Cardiovascular, Renal Problems
Unit 3	GI, Endocrine, Hematologic Problems
Unit 4	Musculoskeletal, Brain, Behavioral Problems
Unit 5	Problems in the Ob/Gyn, Pediatric, Adolescent, Geriatric Setting

In Unit 1, for example, students investigate a problem of streptococcal pharyngitis. Students spend the first tutorial reading through the paper problem deciding what they don't know and need to research. These questions are termed learning issues. The group may ask, "What are Streptococci? What is the anatomy and histology of the pharynx? How does inflammation occur? What is the physiology of pain? How does penicillin inhibit bacterial growth? Who is at risk and can preventive measures be initiated in the community? Tutors are given problem guides beforehand and facilitate student inquiry into important areas if the group is unable to proceed. Learning issues are divided among the students, who then spend the next two days researching answers. Students use standard texts, do medline searches, and seek-out resource faculty. After two days of research, they meet together to discuss what was

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